KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 5011
Name: Viking Resources, Inc
Address 1: 400 N WOODLAWN ST, STE 18
Address 2:
City: WICHITA State: KS Zip: 67208 + 4333
Contact Person: Shawn Devlin
Phone: (316) 262-2502
Lease Name: RASMUSSEN
Well Number: 2

API No.: 15-083-21276-00-02
Permit No: D34284.0
Reporting Year: 2023
(January 1 to December 31)

____ - ____ - SW - NW Sec. 24 Twp. 21 S. R. 23 ☐ E ☑ W
(Q/Q/Q/Q)
3309 feet from ☐ N / ☑ S Line of Section
4604 feet from ☑ E / ☐ W Line of Section
County: Hodgeman

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: _____ psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: _____ barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0	0	0	0	0
February	1200	0	0	0	10
March	3720	0	0	0	31
April	3600	0	0	0	30
May	3720	0	0	0	31
June	3600	0	0	0	30
July	3720	0	0	0	31
August	3720	0	0	0	31
September	3600	0	0	0	30
October	3720	0	0	0	31
November	3600	0	0	0	30
December	3720	0	0	0	31
TOTAL	37920		0		

Submitted Electronically